

## Youth Program Quality Assessment (YPQA) Training Registration Form



**Please Print or Type – Thank You**

<b>Name</b>			
<b>Agency/ District</b>			
<b>Site</b>			
<b>Address</b>		<b>E-mail Address</b>	
<b>City</b>		<b>Zip</b>	
<b>Phone Number</b>		<b>Fax Number</b>	

Please indicate which session location you will be attending by placing an "X" in the box. Return this form to the address or fax number at the bottom of this page. Registration at all sites will begin at 8:00 a.m. Duplicate this form for additional persons who will attend. There is no charge for this workshop and confirmation will not be mailed.

<input type="checkbox"/>	November 17, 2006 – Marquette-Alger RESA
<input type="checkbox"/>	November 20, 2006 – Traverse Bay Area ISD
<input type="checkbox"/>	November 27, 2006 – DoubleTree Hotel Dearborn
<input type="checkbox"/>	November 30, 2006 – Saginaw Transitions Professional Development Center
<input type="checkbox"/>	December 1, 2006 – Macomb ISD
<input type="checkbox"/>	December 4, 2006 – DoubleTree Hotel Dearborn
<input type="checkbox"/>	December 5, 2006 – Kent ISD

Please mail or fax this form prior to November 13, 2006 to:

Amanda Stoel  
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Office of Early Childhood Education and Family Services  
P.O. Box 30008  
Lansing, MI 48909  
Fax (517) 335-0592  
Phone (517) 241-4290